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SYLLABUS OF COURSE OF INSTRUCTION FOR  
VOLUNTEER NURSE'S AIDES

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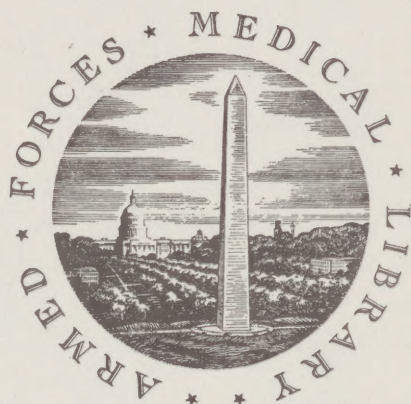
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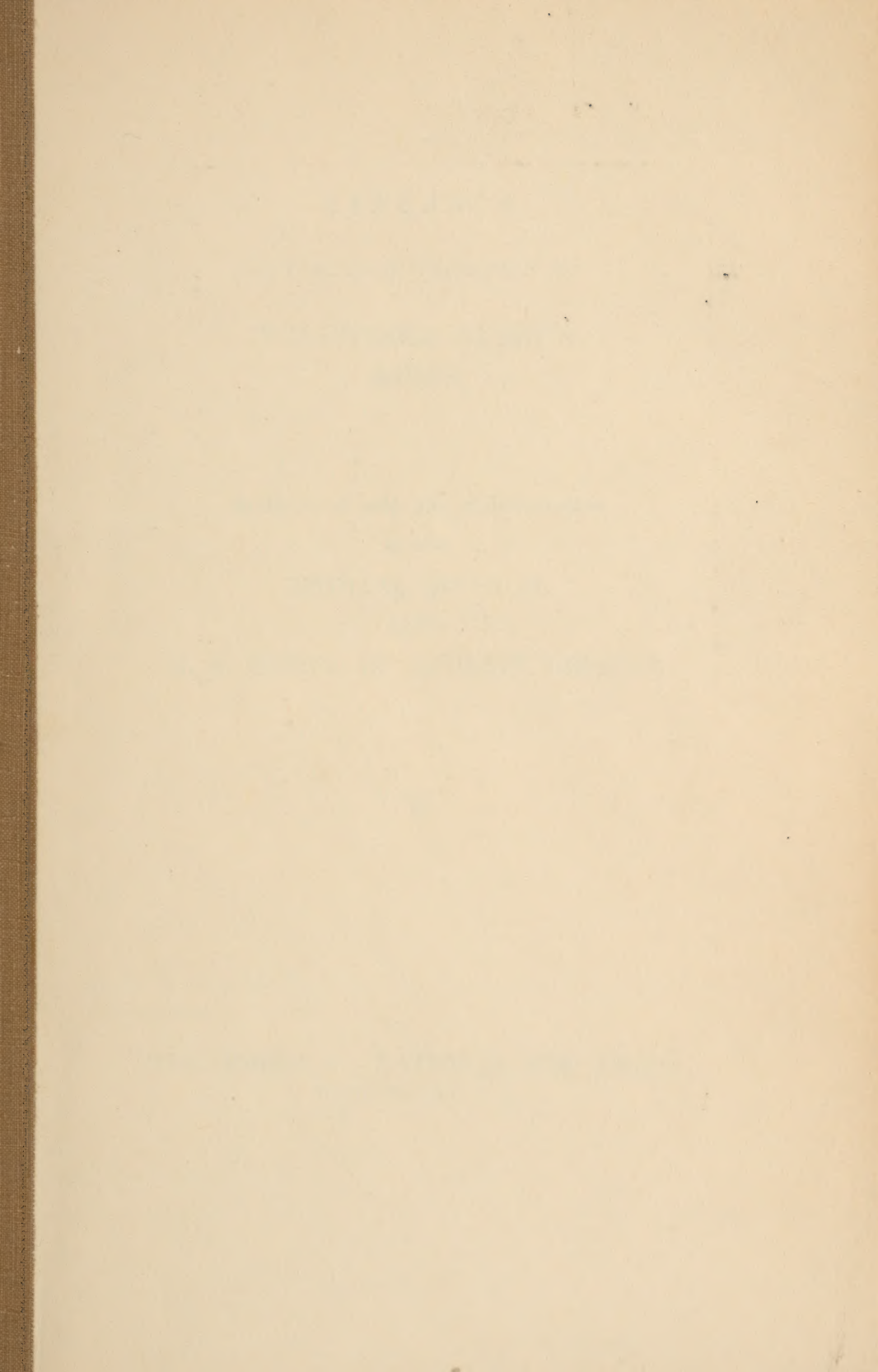


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**SYLLABUS**  
*of Course of Instruction for*  
**VOLUNTEER NURSE'S**  
**AIDES**

*As Revised with the Collaboration*  
*of the*  
**MEDICAL DIVISION**  
*of the*  
**U. S. OFFICE OF CIVILIAN DEFENSE**



Red Cross. U.S.  
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# Syllabus of Course of Instruction for Volunteer Nurse's Aides<sup>1</sup>

## INTRODUCTION

This syllabus is a revision of the material which has been used by instructors of Red Cross classes for Volunteer Nurse's Aides since July 1940. It has been prepared with the assistance of the Medical Division of the United States Office of Civilian Defense to meet the urgent need for an expansion of nursing facilities. The course provides eighty hours of intensive training, forty-five hours of which are spent in a hospital which has been designated as a training center for Volunteer Nurse's Aides.

The instructional material is presented in outline form only. No attempt is made to cover each subject exhaustively. It is expected that the instructor will draw upon her own knowledge and experience to elaborate on the outline and to interpret the subject to the class.

## OBJECTIVES OF THE COURSE

1. To train a corps of women as volunteer aides to nurses to meet emergency needs in hospitals, emergency field units, and health organizations.
2. To help the Nurse's Aide acquire the skills necessary for the performance of the duties which may be safely assigned to her as an assistant to the nurse.
3. To develop in the Nurse's Aide an understanding of:
  - a. the fundamental principles involved in the care of the sick, the problems of hospital, clinic, and community in providing adequate care for the sick and injured
  - b. the relationship of mental, physical, and emotional health
  - c. the principles of prevention and control of disease
  - d. the importance of being physically fit for service
  - e. the responsibilities and opportunities of volunteer service.

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<sup>1</sup> The American Nurses' Association Committee To Outline Principles and Policies for the Control of Subsidiary Workers in the Care of the Sick, has co-operated in offering suggestions concerning this Syllabus.

## RED CROSS VOLUNTEER NURSE'S AIDE COMMITTEE

This committee is responsible for organizing and administering the service—which includes selecting the nurse-instructor and applying to the area office for her authorization. The professional members of this committee are expected to provide or obtain equipment and reference material for classrooms, and to assist the instructor in solving professional problems which arise during the training period. It is expected that the nurse-instructor will make regular reports to this committee and attend committee meetings when invited.

### *Selection of Students*

The committee interviews and enrolls the members of the class, but may ask the nurse-instructor to assist with final enrollment and to give advice on doubtful applicants. Should the nurse-instructor find some member of the class unsuited to the work after the course is begun, she should refer this problem, with her recommendation, to the Volunteer Nurse's Aide Committee for action.

### *Number of Students in Class*

Because of the necessity of close supervision of students in classroom practice work, the number admitted to any one class should be limited to thirty.

### *Absences*

The number of absences which will be permitted is a matter for the Volunteer Nurse's Aide Committee to decide. All work missed must be made up with the instructor by appointment. So much depends upon the instructor's ability to give time for make-up that a national ruling on the number of absences allowed is not practical, but the committee may make a local ruling. A careful choice of applicants results in few absences from class. Any aide who misses a number of hours of classroom instruction because of illness or other legitimate reason may re-enter the next new class.

### *Scheduling*

Another responsibility of the Volunteer Nurse's Aide Committee is to decide, according to local needs and demands, the number of classes to be carried simultaneously, whether they shall be day or evening classes, and how the teaching shall be divided between the nurse-instructor and hospital staff members. Because of the immediate need for relieving the acute shortage of graduate nurses, this course should be given in seven weeks to train aides as quickly as possible. It may, however, be given over a longer period of time if



volunteers are not able to work the five half-days a week required for the intensive course.

Careful consideration must be given to the teaching load of the instructor. During Unit I (the 34 hours of classroom instruction) the instructor needs time for preparation of classroom material and, in addition, time for supervision of the extra practice in small groups. If the nurse-instructor is to carry two daily classes concurrently, she will need some professional assistants to help with the extra practice during Unit I and for the supervision during Unit II (the 45 hours of actual hospital work). These assistants may be part-time volunteer nurses. Graduates of the local hospital, familiar with the local procedures, are particularly helpful.

Only the nurse responsible for the course need be authorized by the area office. The professional assistants should also attend the classwork in order to be acquainted with the material of the course.

Again in Unit II the instructor needs to plan carefully in advance in scheduling the class. The details must be worked out in co-operation with the hospital staff who will know how many aides can be accommodated in the hospital at one time and how much supervision the hospital staff can give. Additional suggestions for the scheduling of Unit II will be found on pages 39, 40, 44.

### ***Evening Classes***

Classes for employed women should be organized whenever there are a sufficient number of women to form a class and whenever arrangements can be made with the local hospitals. In planning for evening classes it must be remembered that, during Unit II, students will be getting their experience in the evenings and on week-ends; consequently, some well-devised plan must be made for these periods. In most instances hospitals are able to provide some supervision during Unit II since there are smaller groups in the evening. To become experienced also in morning routine, evening students must be rotated so that each one has Sunday morning duty. Such a trained group is often very useful to the hospital since they will give reliable service on days when the hospital is most in need—such as holidays and Sundays.

### ***Publicity***

Publicity for the program is the responsibility of the Volunteer Nurse's Aide Committee. The nurse-instructor, however, can be of great service to the committee by making available interesting material on the classes in progress, assisting the committee in photographing the members of the class while engaged in practicing procedures, etc. Interesting human-interest stories make good publicity, and the instructor is often able to give this kind of material



to the Volunteer Nurse's Aide Committee. The instructor should never give publicity material to newspaper reporters, however, without the approval of the committee. All publicity material should be of such nature as to meet with the approval of the nursing profession.

### ***Uniforms***

Since the students must have their uniforms by the beginning of Unit II, the committee should place orders for these as soon as the class is started.

## **SPECIAL LECTURES**

All classes are to be taught by the nurse-instructor, with the exception of Period 15 (see page 25). The first hour of this period may be taught by a member of a public health nursing agency, and the second hour by a local health officer or his representative. When asking a specialist to speak to a Nurse's Aide class, it will be helpful to him if he is provided with an outline covering the points which will be of the greatest value to the Nurse's Aides. The outline for the two special lectures in the Syllabus are worked out with this thought in mind. It should be made clear to the speaker, however, that he is free to approach the subject from his own point of view.

In some instances, the instructor may wish to plan for additional lectures by specialists, or to advise her students of other lectures on related subject matter available in the community. These supplementary lectures, however, should not take the place of the nurse-instructor's regular class periods.

## **REPORTS, EXAMINATIONS, GRADING**

### ***Class Roll Reports***

Instructor's Preliminary Report on Class (Form 1530) is to be filled out by the nurse-instructor *as soon as the class is started*, and sent in to the area office. An additional copy should be sent to the chapter for filing. When the class is completed, the nurse-instructor should fill out the Class Roll Report (Form 1528). This is the basis for the granting of Volunteer Nurse's Aide Certificates, and is to be signed by the chairman of the Volunteer Nurse's Aide Committee. A second copy is to be kept in the chapter file.

### ***Examinations and Grading***

Throughout Unit I, short quizzes—probably taking not more than ten minutes each—should be given. An examination, practical in nature, is advisable at the conclusion of Unit I.

One hour is allowed for a written examination at the end of Unit II. This examination is to cover the entire course. (See page 37.)

Instructors should use a procedure sheet to make sure that all students

get supervision and experience in each procedure. A sample procedure sheet for use during Unit I is found on page 38.

Evaluation of Efficiency of Volunteer Nurse's Aide (Form 1575) is available in quantity from the area office. This form is filled out by the hospital nurses under whom the aide works during Unit II, and is to be reviewed by the nurse-instructor with the aide.

The percentage system is to be used in grading Nurse's Aides. They should be graded on:

1. Daily effort in class (skill in practical work, participation in class discussion, etc.)
2. Practical work in hospital (Form 1575 or other evaluation record plus instructor's observation of student)
3. Quizzes and examinations.

### ***Conclusion***

The nurse-instructor is expected to refer problems that arise to the Volunteer Nurse's Aide Committee and in particular to the professional members of this committee. In addition she may write to nursing service at the area office of the American Red Cross for additional suggestions or help.

## **Unit I**

### **Care of the Sick in the Hospital**

#### **(34 Hours)**

#### **INTRODUCTION**

#### ***Extra Practice during Unit I***

Since it is necessary for Volunteer Nurse's Aides to become proficient in procedures before they go to the hospital for Unit II, additional time outside the class period must be given to practice. It is impossible for one instructor adequately to supervise the practice work of a class of thirty people at one time. Moreover, students are usually bored rather than interested in watching the repeated attempts of classmates to reach some degree of proficiency in a procedure. For this reason it is better to divide the class into small groups for practice work so that aides may have more individual help. The number that can be taken at one time is largely dependent upon the number of beds and equipment available for practice. It is very important to call to the attention of the Volunteer Nurse's Aide Committee the relation of equipment to the instructor's time. Every effort should be made to procure sufficient equipment.

In some cases, hospitals have suggested using the nurses' infirmary and vacant private room equipment as a means of getting more beds. Where it is possible it is advantageous for the instructor to have a complete hospital unit in her office or in the chapter house (even though Unit I is taught in the hospital classroom). This is helpful in make-up work or in giving individual help where an aide is not quite up to standard on some procedure.

The amount of extra practice necessary for Unit I is about fifteen hours for each aide. A good plan for working in the extra practice is to have half the class report an hour before the regular class period and the other half of the class remain an additional hour after the regular class period. Since half of the group acts as patients while the other half performs procedures on them, there should be one-fourth as many beds as there are class members. If this number of beds is not available, the class will have to be divided into smaller groups.

### ***Procedures***

It is advisable to secure from the hospitals where the aides are to have their practical experience the procedures used in ward work so that the aide may be taught the methods in use there. A copy of the procedure sheet should be given each student as the subject is covered in class. It should be made clear to the aides that methods differ in institutions and that they must be prepared to make adjustments when they are transferred from one institution to another. If, in Unit II, the class is divided and its members go into two hospitals, it is helpful for the students to be given the procedure sheets covering the different methods of both hospitals. The aides may then have these to review before going into each hospital.

### **MATERIAL TO BE INCORPORATED IN ALL LESSONS**

#### ***Medical Terms***

Rather than devote time to a special lesson on medical terms, instructors should incorporate into each lesson a few of the most necessary medical terms so that the aide gradually builds up a working vocabulary.

#### ***Hygienic Prophylaxis***

Demonstration of nursing procedures should always begin with emphasis upon the importance of washing the hands before and after giving nursing care. The instructor should emphasize to students their responsibility in maintaining their own health and the necessity of protecting a patient from infection of any kind.

It is advisable for aides to know how diseases spread. This subject matter can be integrated with every lesson. Although in Period 15 a demonstration



of isolation technique is given, we do not expect the aides at present to take care of cases known to be contagious. A modified isolation technique will have to be learned by the aides where hospitals require it in children's wards and want the aides to have such instruction.

### ***Hospital Environment***

Although in Period 16 there is time allowed for a discussion of the hospital environment, this subject should be given some consideration in each class period.

### ***Ethics***

The final lesson in Unit I allows for a summary of, and elaboration on, the subject of professional ethics, but to prepare for this final class it is necessary that the student achieve a gradual knowledge of professional relationships and professional attitudes throughout the whole of Unit I.

It is important that she realize her limitations as an aide. Although there may be pressure from the hospital staff and from the aides themselves for training in additional procedures, an 80-hour course does not permit sufficient time for an aide to become proficient in more than the outlined procedures.

After the aides have completed the 80-hour course, the Volunteer Nurse's Aide Committee may plan meetings for them when additional material can be given. Where such additional material includes training for new duties, the Volunteer Nurse's Aide Committee must submit its proposals to the area office for approval.

### **REFERENCE MATERIAL**

Reference material has been suggested under each subject for use in preparing lesson plans. *The Principles and Practice of Nursing*, Fourth Edition, by Harner and Henderson, is mentioned specifically because it has been revised and includes material on community health as well as hospital nursing care. Other texts may be used as desired by the instructor. (See the Bibliography, page 45.)

Because it is not advisable to put textbooks designed for nurses in the hands of the nonprofessional worker, the Red Cross textbook, *Home Hygiene and Care of the Sick*,<sup>1</sup> is recommended as background reading for the students, who must bear in mind that there are differences in procedure for care in the home and in the hospital.

A suggested bibliography for students is given on page 45. It is recommended that as many as possible of the books and pamphlets be placed in the classroom where they will be available to the students. Articles in *Hygeia* magazine, written for lay people, are also valuable.

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<sup>1</sup> After July 1, 1942, *Home Hygiene and Care of the Sick* will be replaced by the textbook, *Red Cross Home Nursing*.

## OUTLINE OF THE 34 HOURS OF UNIT I

### *Period One (2 hours)*

#### ***Making the Unoccupied Bed***

Note: The Chairman of Volunteer Special Services or the Chairman of Volunteer Nurse's Aide Committee may wish to meet with the group as a whole before the class work begins to explain the place of the Volunteer Nurse's Aide Corps in Volunteer Special Services and the objectives of the course. Each aide should receive a copy of the objectives of the service, of the authorized duties, and of local regulations to keep for her own reference.

#### ***The Hospital Ward***

1. What makes the ward attractive
  - a. Cleanliness, neatness, order, quiet, cheerfulness, privacy
  - b. How environment affects the patient, emotionally and physically  
—ventilation, temperature, lighting, cleanliness
2. Care of bedside tables and of patients' belongings
3. How to clean a bed
  - a. Requisites: dust cloths, brush, soap, water, newspapers, spray, etc.
  - b. Procedure demonstrated

#### ***How To Make the Unoccupied Bed***

1. Requisite materials: beds, linens, blankets, spread, pillows, rubber sheet
2. Principles of bedmaking
3. How to prepare the bed to receive the patient  
Procedure demonstrated (teach methods used in local hospitals)

#### ***Supervised Practice in Small Groups***

#### REFERENCES

#### ***For Students***

- American National Red Cross. *Home Hygiene and Care of the Sick*. Washington, D. C.: American National Red Cross.
- Dakin, Florence, and Thompson, E. M. *Simplified Nursing* Fourth Edition. Philadelphia: J. B. Lippincott Co., 1941. Chapter 7.

#### ***For Instructor***

- Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Fourth edition, revised. New York: Macmillan Co., 1939. Chapter V and Appendix 1, "Cleaning."

Clark, Marjorie. "Teaching on the Wards." *American Journal of Nursing* 38:73-78; January 1938.

### ***Period Two (2 hours)***

#### ***Making the Occupied Bed***

1. Requisite materials: linens, blankets, pillows, rubber sheet, laundry bag
2. Points to be considered for patient's comfort and privacy
3. Procedure demonstrated (teach methods used in local hospitals)

#### ***Supervised Practice in Small Groups***

#### REFERENCES

##### ***For Students***

American National Red Cross. *Home Hygiene and Care of the Sick*.  
Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 7.

##### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 12.

### ***Period Three (2 hours)***

#### ***The Bed Bath***

1. Requisite materials: bed linen, bath blankets, bath towels, washcloths, pitchers for hot and cold water, basin, waste pail, soap, comb, brush, toothbrush, emesis basin, glass of water, a nail file, talcum powder, etc.
2. The care of the skin in illness  
Nature and function of the skin
3. The cause and prevention of bedsores  
Early signs, effects of pressure, moisture, irritation, general debility
4. The purpose of the bed bath  
Points to be considered for the patient's comfort
5. Demonstrations
  - a. The cleansing bed bath
  - b. The care of the mouth and teeth
  - c. The care of the hair and nails

#### ***Supervised Practice in Small Groups***



## REFERENCES

### **For Students**

American National Red Cross. *Home Hygiene and Care of the Sick*.

### **For Instructor**

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 12.

Marshall, Clyde. *An Introduction to Human Anatomy*. Second edition, revised. Philadelphia: W. B. Saunders Co., 1939. Chapter 4.

## **Period Four (2 hours)**

### **Temperature, Pulse, and Respiration**

1. Requisite materials: Temperature tray, thermometers, cotton, soap and water, disinfecting solution, waste container, rectal thermometer, sphygmomanometer

Note: If possible, borrow temperature tray for demonstration purposes from hospital where aides will work, and teach methods actually in use in hospital.

2. Significance and range of body temperature
3. How to use the clinical thermometer—mouth, axilla, rectum
4. Methods of cleansing and disinfecting thermometers
5. How to take pulse and respiration—the normal range
6. When and how to report abnormalities in temperature, pulse, and respiration
7. The use of the sphygmomanometer and how to apply it
  - a. Necessity of explaining to patient, avoiding excitement, etc.
  - b. Sanitary precautions

Note: Volunteer Nurse's Aides are not authorized to take blood pressure, but may be asked to prepare patient for procedure when chaperoning during physical examinations.

### **Supervised Practice in Small Groups**

## REFERENCES

### **For Students**

American National Red Cross. *Home Hygiene and Care of the Sick*.

Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 9.

### **For Instructor**

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 10.

## ***Period Five (2 hours)***

### ***Provisions for Elimination***

Note: It is not advisable to teach aides to record data *on patient's chart*—this duty is the nurse's responsibility. It is recommended, instead, that the aide be taught to carry a small notebook in her pocket, upon which she records whatever she has done for the patient. This memoranda should be turned over to the nurse in charge of the ward *without fail* before the aide goes off duty, for transfer to the patient's chart.

1. Requisite materials: Bedpan and cover, urinal and cover, glass graduate and liter measure, specimen bottles or paper cartons, patient's chart
2. The importance of the patient's chart
  - a. What goes on the chart
  - b. The purpose of the chart
  - c. The legal implications of the chart
3. The effects of illness on the habits of elimination  
Care of the incontinent patient
4. How to observe and record contents of bedpan and urinal
5. How to report nature of emesis
6. Demonstrations
  - a. How to give and remove bedpan and urinal for adults and children
  - b. How to care for the hands (for patient and for aide)
  - c. How to cleanse and sterilize bedpan and urinal
  - d. How to collect and label specimens of sputum and vomitus

### ***Supervised Practice in Small Groups***

#### REFERENCES

#### ***For Students***

American National Red Cross. *Home Hygiene and Care of the Sick*.  
Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 11.

#### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapters 11 and 14.

## ***Period Six (2 hours)***

### ***Feeding the Sick***

1. Requisite materials; basin of water, washcloth and towel, tray and dishes, drinking tube, liquid tray, over-bed table

2. Factors involved in feeding the sick
3. Types of diet for the sick
4. How to make food attractive to the sick
5. Effect of environment on appetite
6. Demonstrations
  - a. How to prepare patient for meals
  - b. How to feed the helpless patient
  - c. How to serve liquids or between-meal nourishment to patient

### ***Supervised Practice in Small Groups***

#### REFERENCES

##### ***For Students***

American National Red Cross. *Food and Nutrition*. (ARC 725) Text-book. Washington, D. C.: American National Red Cross, 1942. 87 p.  
 American National Red Cross. *Home Hygiene and Care of the Sick*.  
 Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 5.

##### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 13.

### ***Period Seven (2 hours)***

#### ***Making the Patient Comfortable***

1. Requisite materials: bed, pillows, bolsters, sand bags, pressure pads, bed cradle, hot-water bottle and cover, ice bag and ice collars with covers, rubbing alcohol in pitcher of warm water, talcum powder, basin of water, washcloth, towel, comb and brush, mouth wash and emesis basin, clean linen (if necessary), bedpan or urinal
2. The discomforts of a reclining position  
 How to change the position of the sick: lifting, turning, elevating a part, sitting up in bed
3. Demonstrations
  - a. How to place devices for giving support and relieving pressure
  - b. How to use devices to limit movement
  - c. How to give evening care
  - d. How to fill the ice bags
  - e. How to fill hot-water bottles



4. Care of chronic and aged patients
  - a. Points to be considered:  
age, handicap, state of mind
  - b. Importance of time, cheerfulness, sense of humor, etc.

### ***Supervised Practice in Small Groups***

#### REFERENCES

##### ***For Students***

American National Red Cross. *Home Hygiene and Care of the Sick*.  
Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 8.

##### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapters 15 and 23.

### ***Period Eight (2 hours)***

#### ***Care of the Ambulatory Patient—1 hour***

1. Requisite materials: Kelly pad, rubber sheets, rubber apron, towels, pitcher, waste pails, shampoo trough, hose and spray, wheel chair or arm chair, blankets, pillows, foot stool
2. Helping patient to return to normal attitude to life
3. Demonstrations
  - a. How to get patient up in chair
  - b. How to take patient to bathroom, to sunporch
  - c. How to give a tub bath
  - d. How to give shampoo to (1) ambulatory and (2) bed patient

### ***Supervised Practice in Small Groups***

#### REFERENCES

##### ***For Students***

American National Red Cross. *Home Hygiene and Care of the Sick*.  
Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 22.  
Habbe, Stephen. "Normal Abnormalities." *Hygeia* 16: 782-86; September 1938.

##### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapters 12, 15, 16.

## *The Admission and Discharge of the Patient—1 hour*

1. Receiving the patient
  - a. Importance of the patient's first impression
  - b. Factors contributing to the patient's confidence in hospital
    - (1) The way he is treated when admitted to hospital
    - (2) Consideration for family and relatives
    - (3) Personal attention given on part of nurses and attendants
    - (4) Room in perfect condition upon arrival
    - (5) Care and respect for clothing and belongings
    - (6) Punctuality in waiting upon patient
    - (7) Cheerfulness in complying with requests
2. What the Nurse's Aide can do
  - a. Know admission routines for the hospital to which she is assigned and be sure they are followed
  - b. Guide or transport patient from office to ward, or to proper department
  - c. Be sure room is in perfect order before patient is admitted to it
  - d. Explain how to ring for nurse
  - e. Provide hospital clothing, if necessary
  - f. Take care of personal belongings and explain to patient what disposal is made of them (if approved by the hospital)
  - g. Assist with bath (giving the bath has been considered elsewhere)
  - h. Report condition of skin or hair to head nurse—signs of skin eruption, abrasions, infections, growth, etc., presence of pediculi
3. How to recognize and treat pediculi
  - a. Types of pediculi
  - b. Signs of pediculi
  - c. Treatment (according to methods in use at individual hospital)
4. Demonstration
  - a. Requisite materials: rubber apron, towels, solution to be used, safety pins
  - b. How to put on a pediculosis cap
5. Discharge of patient
  - a. Assemble personal belongings
  - b. Assist with dressing
  - c. See that necessary cards are signed
  - d. Do any telephoning necessary
  - e. Escort to office
  - f. Put room in order, if required

## REFERENCES

### **For Instructor**

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 6.

### **Period Nine (2 hours)**

#### **Preparation and Care of Unsterile Treatment Trays**

Note: It is not expected that aides will be taught to give enemas, lavages, etc., but the procedure for giving them should be demonstrated, so far as possible, to complete their understanding of the necessity of cleanliness in handling equipment before and after the treatment.

1. Requisite materials: trays and equipment such as are used in local hospitals for the purpose of unsterile treatments
2. Demonstrations:
  - a. How to set up an enema tray, a lavage tray, a gavage tray
  - b. How to clean and put away equipment, with special emphasis on sterilization of tubes used
  - c. How to care for rubber sheets

#### **Supervised Practice in Small Groups**

## REFERENCES

### **For Students**

American National Red Cross. *Home Hygiene and Care of the Sick*.

### **For Instructor**

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapter 30.

### **Period Ten (2 hours)**

#### **The Care of the Dressing Tray or Cart**

Note: The purpose of this lesson is to help the aide develop an appreciation of the importance of protecting sterile supplies, and to understand that cleanliness is a necessary prelude to adequate sterilization. It is not intended that the aide will be made responsible for handling sterile supplies or setting up sterile trays. She must be taught, however, to protect herself when cleaning contaminated instruments and disposing of waste material. This setup should be as nearly like those in current use at local hospitals as possible.

1. Requisite materials: tray or cart, jars or sterile sponges, dressing forceps, instrument trays, waste pail or sacks, some of the commonly used instruments

2. Purpose and use of trays
3. Demonstrations
  - a. How to handle sterile supplies and dressing forceps
  - b. How to clean tray, clean instruments, clean and repair rubber gloves
  - c. How to identify instruments in daily use (an instrument catalogue may be used for this purpose, rather than real instruments, if necessary)

### ***Supervised Practice in Small Groups***

#### REFERENCES

#### ***For Instructor***

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapters 8 and 38.

### ***Period Eleven (2 hours)***

#### ***The Unconscious or Dying Patient***

Note: Nurse's Aides will not be given the responsibility of caring for unconscious or dying patients, but they may be asked to help a nurse lift or turn such a patient and therefore need some preparation for an experience that might otherwise prove somewhat disturbing.

1. Requisite materials: bed, linen, blankets, pillows, rubber sheet, hot-water bottles, etc.
2. How to make the ether bed
  - a. Purpose of the ether bed
  - b. Procedure demonstrated (teach method used in local hospitals)
3. Unconsciousness due to anaesthesia
4. Appearance of patient
  - a. Type of breathing
  - b. Ability to move, see, hear, speak
5. Care of the unconscious patient
6. Care of the dying patient
7. Care of the body after death

### ***Supervised Practice in Small Groups***



## REFERENCES

### **For Students**

Dakin, Florence, and Thompson, E. M. *Simplified Nursing*. Chapter 24.

### **For Instructor**

Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Chapters 15 and 18.

Kasley, Virginia W. "As Life Ebbs." *American Journal of Nursing* 38: 1191-98; November 1938.

## **Period Twelve (2 hours)**

### **Maternal and Infant Health**

1. Why every community is concerned with maternal and infant health  
Infant mortality rate is index of intelligence of community—a low death rate is purchasable
2. Causes of maternal deaths
  - a. Medical: toxemia, infection, hemorrhage, other causes
  - b. Social and economic: poor sanitation, poor food, ignorance, poverty, etc.
3. Causes of infant deaths
  - a. Prematurity
  - b. Injuries at birth
  - c. Congenital malformations
  - d. Infection
  - e. Social and economic factors
4. What is being done locally to make motherhood safer
  - a. Facilities available for education: clinics, health conferences
  - b. Good prenatal care
    - (1) Medical supervision as soon as pregnancy is known
    - (2) What the physical examination will include
    - (3) The hygiene of pregnancy: important points of prenatal care
  - c. Facilities at time of birth
    - (1) Availability of hospital care for all groups
    - (2) Supervision and control of midwives
    - (3) Home deliveries: public health nurses available
5. The care of the newborn
  - a. Facilities for prematures
  - b. Avoidance of exposure

- c. Prevention of infection
- d. Minimum handling
- e. Feeding the baby
  - (1) Advantages of breast feeding
  - (2) Supplementary feeding
- 6. Demonstration—The care of bottles and nipples

## ***Supervised Practice in Small Groups***

### REFERENCES

#### ***For Students and Instructor***

- Corbin, Hazel. *Getting Ready To Be a Father*. New York: Macmillan Co., 1939. 48 p.
- Maternity Center Association. *Maternity Handbook: For Pregnant Mothers and Expectant Fathers*. New York: G. P. Putnam's Sons, 1932. 178 p.
- U. S. Department of Labor, Children's Bureau. *Better Care for Mother and Child*. Publication No. 278. Washington, D. C.: Government Printing Office, 1941. 19 p.
- U. S. Department of Labor, Children's Bureau. *Infant Care*. Publication No. 8. Revised. Washington, D. C.: Government Printing Office, 1940. 112 p.
- U. S. Department of Labor, Children's Bureau. *Prenatal Care*. Publication No. 4. Revised. Washington, D. C.: Government Printing Office, 1938. 71 p.
- Van Blarcom, Carolyn C. *Getting Ready To Be a Mother*. Fourth edition, revised. New York: Macmillan Co., 1940. 190 p.
- Zabriskie, Louise. *Mother and Baby Care in Pictures*. Philadelphia: J. B. Lippincott Co., 1935. 196 p.

### ***Period Thirteen (2 hours)***

#### ***Development and Daily Care of the Baby***

1. Requisite materials
 

See Children's Bureau Pamphlet No. 8—*Infant Care*, Page 25.
2. Baby is not just a small adult—differences are more than just size
  - a. Physiological differences
    - (1) Needs proportionately more calories per pound of body weight
    - (2) Heart beats more rapidly

- (3) Lymphatic system more important—flow depends upon muscular activity
  - (4) Weaker peristalsis—stomach empties slowly
  - (5) Gastric secretions not as effective or are absent
  - (6) Rapid heat loss—especially in prematures
  - (7) Reserve energy small
  - (8) Blood physiology makes child more prone to anemia
- b. Anatomical differences
  - (1) Bones more plastic—deformities both formed and cured
  - (2) Muscles are but 25 per cent of weight; in adults are 43 per cent
  - (3) Passage from throat to the ear makes infection more likely
  - (4) Brain and nervous system—habits formed early
- c. Immunological differences
  - Temporary immunity after birth to some diseases—more susceptible to others
- 3. Problems of the newborn
  - a. Congenital malformations
  - b. Injuries at birth
  - c. Hereditary conditions such as hemophilia
- 4. Abnormalities in normal growth
  - a. Glandular imbalances
  - b. Dietary deficiencies—rickets
- 5. Development of the infant
  - a. Norms of development
    - Individual differences also normal
  - b. Physical growth
  - c. Special senses
  - d. Growth in physical control
  - e. Mental growth—rapid brain development means habit formation begins early
- 6. Habit training
  - a. Importance of regularity so habits become automatic
  - b. The baby's day
    - Feeding, bathing, sleeping, playing, etc.
- 7. Demonstration—the baby's bath

### ***Supervised Practice in Small Groups***



## REFERENCES

### ***For Students***

- Aldrich, C. Anderson, and Aldrich, Mary M. *Babies Are Human Beings*. New York: Macmillan Co., 1938. 128 p.
- American National Red Cross. *Home Hygiene and Care of the Sick*.
- Shirley, Mary. *The First Two Years*. Vol. II. Minneapolis: University of Minnesota Press, 1935.
- U. S. Department of Labor, Children's Bureau. *Infant Care*. Publication No. 8. Revised. Washington, D. C.: Government Printing Office, 1940. 112 p.
- Zabriskie, Louise. *Mother and Baby Care in Pictures*. Philadelphia: J. B. Lippincott Co., 1935. 196 p.

### ***For Instructor***

- Rand, Winifred; Sweeny, M. E.; and Vincent, E. L. *Growth and Development of the Young Child*. Philadelphia: W. B. Saunders Co., 1940. 462 p.
- Spock, Benjamin, and Huschka, Mabel. *Psychological Aspects of Pediatric Practice*. New York: State Committee on Mental Hygiene of the State Charities Aid Association (105 E. 22d St.), 1938. 52 p.

## ***Period Fourteen (2 hours)***

### ***Caring for Children in the Hospital***

1. Approach of the aide to the parents of the sick child
  - a. Reassurance concerning treatment of child in hospital
  - b. How to get the parents' confidence
2. Overcoming fears in the sick child
  - a. Help him to adjust to new environment
  - b. Explain new things he sees and hears
  - c. Teach him the names of new articles—how to ask for what he wants, etc.
  - d. Avoid showing concern over his condition or discussing it in his presence
  - e. Move quietly and deliberately, speak gently and cheerfully
  - f. Avoid overindulgence because of illness; be gentle but firm; be consistent
3. Comfort for the sick child who is a bed patient

Sick children are as conscious of discomfort or untidiness as sick grownups, but may not complain

- a. Temperature of room carefully regulated—child may not be able to tell when he is too warm or too cold
  - b. Bed to be kept smooth and clean
  - c. Psychological effect of order in the room
  - d. Persuading sick child to take nourishment
4. Play and toys
    - a. Children should not be urged to play with, or allowed to be confused by, too many toys
    - b. Kind of toys suitable for sick child
    - c. Amusement for convalescent child
  5. Demonstration of gown technique and modified isolation procedure if required by the hospital for care of children in pediatric wards
  6. Supervised practice of procedure if it is taught

#### REFERENCES

#### ***For Students and Instructor***

- Binner, Mabel. "They Play with You Here." *Modern Hospital* 44: 54-59; February 1935.
- Boettiger, Elizabeth. *Children's Play, Indoors and Out*. New York: E. P. Dutton and Co., 1938. 189 p.
- Holt, Edward Zell. "Something To Do." *Hygeia* 17: 1084-87; December 1939.
- Kawin, E. "Play Therapy." *Modern Hospital* 52: 44-47; April 1939.
- McDonel, Helen. "The Child, the Parent, and the Nurse." *American Journal of Nursing* 38: 297-302; March 1938.
- Sherbon, Florence Brown. *The Family in Health and Illness*. New York: McGraw-Hill Book Co., 1937. 516 p.
- U. S. Department of Labor, Children's Bureau. *The Child from One to Six*. Publication No. 30. Revised. Washington, D. C.: Government Printing Office, 1931. 150 p.
- Vincent, Elizabeth Lee. "The Human Side of a Children's Hospital." *Hospitals* 11: 29-36; January 1937.

#### ***Period Fifteen (2 hours)***

#### ***Facilities for Care of the Sick in Local Communities—45 Minutes***

(By a public health nurse)

Suggested Outline for Lecture:

1. Health and social resources available in community: hospitals, clinics, other health and social agencies

2. Functions of the public health nurse
3. Nursing care in the home
  - a. Community adequacy in meeting the need for nursing care
  - b. Demonstration of a home nursing visit, including use of bag
4. How Nurse's Aides might help the visiting nurses with their program

### ***Control of Communicable Disease in the Community—45 Minutes***

(By the local Health Officer or his representative)

Suggested Outline for Lecture:

1. Public opinion gives direction and definition to public service
2. Public Health Department of present day covers the following services:
  - a. Vital Statistics
  - b. Maternal and Infant Welfare
  - c. Care of Preschool Child
  - d. School Health Supervision
  - e. Communicable Disease Control
 

Quarantine—Specialized fields, tuberculosis, venereal diseases
  - f. Public Health Nursing
    - (1) Factors involved in determining adequate public health nursing services for a community
      - a. Number and type of agencies
      - b. Meeting the needs and avoiding duplication
    - (2) How volunteers may be of assistance to health department and public health nurses
  - g. Laboratory Service
  - h. Food Inspection and Sanitation
  - i. Health Education

### ***Prevention of Communicable Disease in the Hospital—30 minutes***

(Brief presentation by nurse-instructor)

1. Observation of the patient
2. Placement of patient on "precautions"
3. Isolation technique

Note: It is not expected that the Nurse's Aide will care for any contagious disease cases. It is advisable, however, for her to have some understanding of isolation technique since patients are occasionally put on "precautions" even though they are on the general ward. The aide must appreciate why she is not permitted to care for these patients without further training.

#### REFERENCES

##### **For Students**

- American National Red Cross. *Home Hygiene and Care of the Sick*.  
Deming, Dorothy. *Penny Marsh, Public Health Nurse*. New York: Dodd Mead and Co., 1938. 266 p.  
National Organization for Public Health Nursing. *Board Members Manual*. Second edition, revised. New York: the Organization (1790 Broadway), 1937. 173 p.  
National Organization for Public Health Nursing. *Functions of the Public Health Nurse*. New York: the Organization. Reprint from *Public Health Nursing*, November 1936. 5 p.

##### **For Instructor**

- Colcord, Joanna C. *Your Community, Its Provisions for Health, Education, Safety, and Welfare*. New York: Russell Sage Foundation, 1939. 249 p.  
Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Fourth edition, revised. New York: Macmillan Co., 1939. 1047 p.  
Hiscock, Ira Vaughan. *Community Health Organization*. New York: Commonwealth Fund, 1939. 318 p.  
National Organization for Public Health Nursing. *Manual of Public Health Nursing*. Third edition. New York: Macmillan Co., 1939. 529 p.

#### **Period Sixteen (2 hours)**

##### **The Hospital Clinic or Out-Patient Department—1 hour**

Note: If facilities are available, much of this material can best be presented in a visit to the out-patient department, rather than in the classroom.

1. The patient in the clinic or out-patient department
  - a. Purpose of clinic: provides diagnosis, treatment, and instruction for ambulatory patients; protects community health
  - b. Types of clinics offered by local hospitals
2. Clinic responsibilities
  - a. Diagnosis—may require X-ray, laboratory tests, consultation with various specialists



- b. Treatment—dressings, irrigations, physiotherapy
  - c. Instructions for home care and, when necessary, nursing follow-up in the home are as important as treatment in the clinic
3. How Nurse's Aide may assist nurse in helping the patient
- a. Patient may often be worried or bewildered—take time to explain routine of clinic and tell patient what to expect
  - b. Direct to proper place to sit—direct to elevator, separate departments, cashier, etc.—accompany him if necessary
  - c. Weigh patient if required
  - d. Assist in securing specimen of urine
  - e. Help patient prepare for examination—tell him what clothing to remove—show where to place clothing—show how to wrap up or put on robe—tell him how and when to go to examining room
  - f. See that he has as much privacy as possible
  - g. Put patient at ease so he can give doctor best possible account of his condition
  - h. Following examination make certain patient understands when he is to return to clinic
  - i. Check to see that he has necessary slips or appointment cards—help him to read them if necessary
4. What Nurse's Aide may do in examining rooms
- a. Setup and care for rooms between examinations
  - b. Keep examining tables clean and in order
  - c. Keep complete the examining utensils which belong in room
  - d. Keep complete the record-taking outfit, forms, etc.
  - e. Take care of hand-washing facilities
  - f. See to lighting and ventilation
  - g. Help put room in order after clinic is over
  - h. Help with filing of histories, cards, etc.

### ***The Hospital Environment—1 hour***

1. Hospital management
- a. On basis of capital investment hospitals are fifth largest industry in country
  - b. Big business methods in buying and managing necessary
  - c. Every hospital worker becomes part of business system—charged with use of valuable equipment—responsibility for economy of material

2. The patient in the hospital
  - a. Reason for existence of hospital is the patient—all service for his benefit
  - b. Danger of system becoming more important than patient
  - c. Problems in nursing care of patient
3. Hospital routine: the patient's day

### ***Supervised Practice in Small Groups***

Students might be asked to demonstrate early morning care, afternoon care, evening care, etc.

### REFERENCES

#### ***For Students***

Carroll, Robert S. "Sleep, Natural and Artificial." *Hygeia* 17: 107-109; February 1939.

#### ***For Instructor***

Carter, F. G. "Institutional Policies." *Hospitals* 14:13-17; August 1940.  
 Harmer, Bertha, and Henderson, Virginia. *The Principles and Practice of Nursing*. Fourth edition, revised. New York: Macmillan Co., 1939. 1047 p.

### ***Period Seventeen (2 hours)***

Note: This final period should be used to sum up important points and in particular to prepare the aide for her entry into the hospital. It will be helpful if the instructor localizes the material, that is, tells the aide as much as she can about the actual organization of the particular hospital where she will work. Similarly, under "Rules and Regulations" there is time to familiarize the student with the local regulations.

### ***Ethics of Nurse's Aide Service (1 hour)***

1. Problems of nursing profession
  - a. Constant effort to improve quality and adequacy of nursing care for all people
  - b. Hospitals often handicapped by too limited budgets. Insufficient staff to do all things needed
  - c. Necessity demands that professional nurse's time be conserved in every possible way; her time must be devoted to those things only the professional nurse can do
  - d. Necessity of meeting nursing needs of armed forces

## 2. Auxiliary workers

- a. Many types of workers concerned with care of the sick have been developed during the past years. Now there are almost as many "assistants" to nurses as there are professional nurses:

Volunteer Nurse's Aides	}	Interpretation of function of each
Hospital Attendants		
Practical Nurses		
Housekeeping Assistants		
Ward Maids		
Nurse Maids		

- b. Without competent direction and supervision, helpers may become more of a problem than a benefit  
"A little knowledge is a dangerous thing"
  - c. Responsibilities and liabilities of hospitals in protecting the public
  - d. Volunteers are not covered by Workman's Compensation Law.  
Volunteer herself accepts the risk of accident or injury
- ## 3. Distinction between the Volunteer Nurse's Aide and the paid worker
- a. Paid worker
    - (1) Hospital sets own standards; makes its own selection of workers; defines duties; trains workers; demands satisfactory return for money expended
    - (2) Workers on duty every day full time, and therefore can be given definite daily responsibilities; nurses feel free to exact observation of hospital rules and ethics from paid workers. Hospital assumes full legal responsibility for mistakes of paid employees. Professional staff members assume responsibility for activities of Volunteer Nurse's Aides.
  - b. Volunteer Nurse's Aides (Red Cross)
    - (1) American Red Cross Nursing Service and Medical Division, U. S. Office of Civilian Defense set standards; define duties
    - (2) Red Cross Chapter gives course of instruction in collaboration with hospital; requires conscientious service
    - (3) Corps members voluntarily accept discipline and agree to follow rules and regulations of the American Red Cross and U. S. Office of Civilian Defense. They must agree to be regular in attendance and to give not less than 150 hours of service each calendar year, preferably during a three months' period. Aides who can give more time should volunteer to do so.

## 4. Functions of Volunteer Nurse's Aides

Volunteer service is based on genuine interest in a particular field and

a desire to help meet a need; the volunteer's compensation is satisfaction in a job well done, in knowing that she is making a real contribution to the war effort. The term "Nurse's Aide" means "an aide to the nurse"—an assistant to a professional—not an independent worker. The functions of an aide are:

- a. To assist the nurse by performing under her supervision many simple nursing procedures, thus freeing her for those services only a graduate nurse can do. Now that we are at war, Nurse's Aides are very important in supplementing the depleted nursing staffs in the local communities. Therefore, they must learn to adapt themselves to hospital routines, accept hospital regulations, and be prepared to fit into regular community machinery for care of sick as quickly and smoothly as possible
- b. To do the little extras for patients which keep them happy and content, extras which the professional nurse would do if time permitted
- c. To help maintain an atmosphere of cleanliness, order, peace, quiet, and security necessary for patient's comfort and safety
- d. To assist graduate nurses if need for disaster relief nursing should arise in the community. Duties would be approximately the same as routine duties under normal conditions. Difference would be in necessity for working longer hours during periods of crisis and the possible assignment to emergency medical field units or emergency hospitals rather than to regular hospitals. Value of volunteers in disaster depends upon their ability to follow instructions to the letter; to be absolutely dependable; to adjust themselves to discomfort and inconvenience; to maintain standards of work in spite of confusion and lack of facilities; to recognize that disaster nursing service is a part of the whole disaster relief organization and must be co-ordinated with work of doctors, social workers, supply service, and the rehabilitation program. Likewise the Red Cross program must be co-ordinated with that of other agencies in bringing the community back to normal.

## 5. Attitude of Volunteer Nurse's Aide

- a. To look for more than superficial thrills and drama in her work
- b. To take pride in her ability to help solve a difficult community problem of providing adequate care for the sick and helpless
- c. To fit her time and interest into the regular machinery for the care of the sick, rather than to be tacked on as a fifth wheel.



## REFERENCES

### ***For Instructor***

Kieninger, Louise. "The Subsidiary Worker." *American Journal of Nursing* 36: 984-86; October 1936.

Lehrburger, Pauline L. "Organization and Operation of Volunteer Service in a General Hospital." *Hospitals* 14: 83-88; March 1940.

### ***Rules and Regulations of Nurse's Aide Corps (1 hour)***

The second hour should be given over to discussion of the rules and regulations governing the local Nurse's Aide Corps. These will vary in minor details in different chapters, but in general should cover the following major points:

1. Responsibility of aide in relation to her own health  
Physical examination and a responsible attitude toward her own state of health are necessary for protection of the aide herself, as well as for the patients with whom she works
  - a. Every person in contact with illness is constantly exposed to infection
  - b. Any impairment of any organ of body may weaken resistance and make health hazard greater. Nervous strain, task of lifting patients and stooping over beds may aggravate already existing abnormality and undermine health of the worker
  - c. On the other hand, hospital is obliged to provide safest possible environment for patients already weakened from illness or injury. This necessitates taking precaution that people responsible for the care of patients are physically strong and free from communicable disease
  - d. Volunteer who offers her "help" must not complicate situation by bringing in preventable infection, by being hypersensitive to infection, or by breaking down under strain
  - e. Desirability of protection against communicable diseases for which active immunization is available, such as smallpox, typhoid fever, diphtheria, and scarlet fever
  - f. Aides must be responsible for not going on the wards when they have colds, etc.
2. Personal qualifications  
The aide must have the ability to keep a confidence; should have respect for authority, willingness to accept direction, sincerity of purpose, personal integrity, reliability, poise, and be intelligent about her own health

3. No remuneration of any kind may be accepted

The Red Cross does not wish to be held responsible for training people for paid jobs. The course which it gives is not adequate to equip workers who expect pay for their services

4. Minimum service—150 hours a year

Less time per year would not be worth the trouble and expense of training and supervising the corps. Each successive year of service should make the worker more proficient and more valuable; it will also give her an insight into community facilities for providing care for the sick and for protecting the public health. Now, with the nation at war, volunteers who can do so should try to give more than the 150 hours of service, and should volunteer for emergency service when needed

5. Organization of corps

A Volunteer Nurse's Aide Committee to guide and administer the service is essential

This committee is composed of both nurses and lay women. (Give names of local committee.) It studies the local situation and formulates policies governing the activities of the corps which will conform to the general standards set up by the American Red Cross and will be acceptable to hospitals and health organizations in which aides are to work and to the chapter. These policies apply to

Rules of appointment and resignation

Assignment to duty

Department on duty

Supervision

Uniform and emblems

Records and reports

Meetings

6. Authorized duties

The authorized duties are in accordance with those approved by the three national nursing organizations for subsidiary workers in hospitals (namely, the American Nurse's Association, the National League of Nursing Education, and the National Organization for Public Health Nursing). These restrictions are designed for the protection of the volunteer as well as the patient. Moreover, since the Red Cross Volunteer Nurse's Aide is not a full-time worker it is not possible for her to assume the same degree of responsibility which the full-time paid worker can carry. (List of duties will be found in

Instructions for Organization and Administration of Volunteer Nurse's Aide Corps (ARC 775), October 1941 or March 1942 revisions.)

7. Local regulations

State those which apply to Unit II regarding absences because of sickness, make-up of time missed, the wearing of the uniform, reporting in the hospital, to whom responsible, etc.

8. Individual schedules for Unit II

The instructor should allow time to give the students their individual schedules for Unit II. (See pages 39, 40, 41, 44 for sample schedules.) Students should also be informed as to the time they will meet with the instructor for group discussion during Unit II.

## Unit II

### Supervised Practice in Hospital

(45 Hours)

#### INTRODUCTION

Since it is necessary for the students to have continuity between Unit I and Unit II, the instructor for Unit I should continue to have responsibility for the students during Unit II, even though in many cases the hospital is able to provide most of the supervision.

It is important for the nurse-instructor to assist in interpreting the program to the hospital staff since the nurses on the floors are likely to be under pressure; unless they thoroughly understand the program they may ask the aides to perform duties for which they have not been trained. It is very necessary for the instructor to stress continuously that the aides must not, and cannot, do anything more than their authorized duties. The professional members of the Volunteer Nurse's Aide Committee should interpret the program to the hospital staff in written as well as oral form, and copies of the authorized duties should be posted where the floor nurses can readily refer to them.

In addition, the nurse-instructor must see that the aides get experience in all the duties in which they are skilled but have not, as yet, practiced on the wards. In some instances there is a tendency for hospitals to assign the aides to duties of a routine nature or to keep them at a restricted number of tasks day after day. *Unit II is part of the course:* The student is to get a varied clinical experience. The hospital must not count on aides to do work solely for its convenience during this period.

## ***Number of Aides in Hospital at One Time***

It will be impossible for the nurse-instructor to supervise the entire class at the same time even with the hospital staff giving considerable help. A maximum of ten or twelve aides in the hospital at one time is suggested; all of them will not be doing work which requires the instructor's help. The instructor assists those who are new to the ward, are doing some procedure for the first time, or who need help in unusual situations. There should not be more aides on the floor than there is work for them to do. If the floor is not busy, the instructor may arrange to have them transferred to a floor where they can get more experience. Students on afternoon assignments may assist in out-patient departments if there is not work for them on the wards, but such assignment should be limited.

## ***Rotation of Service***

It is important that the aides have experience with men, women, and children, and also experience with both medical and surgical patients. Changing wards should be kept to a minimum by combining some experiences—for example, men's medical and women's surgical.

Further, insofar as possible, aides should get both morning and afternoon experience, so that they see the complete picture of the hospital. (See pages 39, 40, 41, 44 for sample schedules which can be adapted for local use.)

## ***Assignments***

Assignments within a ward are made by the head nurse. The aides should have a list of procedures in which they have been trained and should check on this list as they get experience in each duty. The instructor arranges with the head nurse for the aides to be assigned to the duties in which they have not as yet had experience.

## ***Evaluation Reports***

A suggested Evaluation Report (Form 1575) is available from the area office for use during Unit II. In some places the hospital prefers a different form of evaluation report. Some evaluation report should be used, however, and since the hospital nurses are already sufficiently burdened, it should be kept simple.

It should be filled out by the hospital nurse on the floor where the aide works and it should be reviewed by the nurse-instructor with the student. Such a report assists the hospital staff in understanding the Nurse's Aide service, gives the aide an incentive to do good work, and guides the instructor in helping the aide to do a better job.



## *Class Hours for Discussion*

It is recommended that once a week all the members of the class meet together—or in small groups—for discussion with the instructor. Such discussion is most valuable in helping the aides with their adjustment to the hospital, in ironing out difficulties, and in solving problems.

## *Absences in Unit II*

Make-up of time missed because of illness is more easily arranged in Unit II than in Unit I. It is advisable to have a deadline for the completion of the course, and students who have had to miss a portion of Unit II may be listed on the next class roll report. This applies particularly to students in evening classes since there may be a considerable difference in the time when these students complete their work.

### INTRODUCTION TO THE HOSPITAL

The nurse-instructor is to serve under the direction of the Superintendent of Nurses and the Director of the Hospital so that the work of the Volunteer Nurse's Aides may be integrated with the routine work of the hospitals. She should arrange with the Superintendent of Nurses or her representative to set aside a two-hour period for introducing the entire group to the hospital. This period should be devoted to a tour of the institution with the key hospital nurse or supervisor who should explain the function of each department and the interdepartmental relationships; introduce the group to the wards to which they are to be assigned, and to the personnel under whom they are to work; show them where to find linen rooms, supplies, diet kitchens, linen chutes, and utility rooms; and explain hospital routines and policies applying to staff.

Following this introductory period of two hours, the aides should be assigned to the wards for a designated number of hours, preferably fifteen hours a week. A class of thirty might be divided into three groups of ten each, working in three-hour shifts, as follows:

Group A .....	8:00 to 11:00
Group B .....	11:00 to 2:00
Group C .....	2:00 to 5:00

The following week

Group A .....	11:00 to 2:00
Group B .....	2:00 to 5:00
Group C .....	8:00 to 11:00

## The third week

Group A .....	2:00 to 5:00
Group B .....	8:00 to 11:00
Group C .....	11:00 to 2:00

Class hours for discussion (one hour a week suggested) will have to be arranged at the convenience of the class and instructor. It may be convenient to have these meetings at five o'clock or possibly on Saturday morning. In some instances, where aides travel a considerable distance, the class hour may be by group, as they come off the ward. Variations of this suggested schedule to meet local conditions may, of course, be made. Some students may prefer to work two 8-hour days a week, in which case they will get a full perspective of a hospital day.

## EXAMINATION

As stated on page 8, a final written examination should be given after the completion of Unit II. This examination, which consists of objective-type questions, should be designed to test the aides on the work which, in the opinion of the instructor, seems of most importance; further, it should bring to light what each student needs in the way of additional interpretation and information. The instructor should see the aides after the examination, either in a group or individually, to allow for an opportunity to discuss the results of the examination and, in addition, the Evaluation Reports. These concluding conferences may well be held with both the instructor and the Volunteer Nurse's Aide Chairman or her representative present.

As soon as the class is completed, the Class Roll Report (Form 1528) should be submitted by the nurse-instructor for the signature of the Volunteer Nurse's Aide Chairman. One copy is sent to Nursing Service in the area office of the American Red Cross, and a second copy is to be kept in the chapter files. After the aide has satisfactorily completed the 80-hour course, she becomes the responsibility of the Volunteer Nurse's Aide Committee. It is expected that this committee will assign the members for their regular service as soon as the course is completed. The first 150 hours of this service must be spent in a hospital. This need not necessarily be in the same hospital in which the aide took Unit II of the course. After this first 150 hours of service she may be assigned to public health nursing agencies and other organizations.

While an effort should be made to give the aide some choice in the matter of hours she serves, it should be made clear to her that unless she can give time when the hospital is in greatest need of help, her service contribution will be negligible.

## Appendix

### PROCEDURE CHECK AND PRACTICE SHEET

(This form can be adapted for local use: First 2 columns for Unit I; second 2 columns for Unit II can be adapted for first 150 hours of service if desired by committee.)

#### -----Chapter American Red Cross Volunteer Nurse's Aide Corps

Authorized Procedure	Demon. Date	Class Practice Date	Approved Date	Ward Date
Admission of patient, assisting . . . . .				
Bed, closed . . . . .				
open . . . . .				
ether . . . . .				
cradle . . . . .				
child's . . . . .				
Bath, bed . . . . .				
tub . . . . .				
baby's . . . . .				
Blood pressure preparation . . . . .				
Care of patient's mouth . . . . .				
back . . . . .				
Care of rubber goods . . . . .				
Cleaning:				
linen closet . . . . .				
utility room . . . . .				
instruments . . . . .				
dressing carriage . . . . .				
patient's unit . . . . .				
Collection of specimens, urine . . . . .				
feces . . . . .				
sputum . . . . .				
vomitus . . . . .				
Discharge of patient, assisting . . . . .				
Draping of patient for M.D.'s exam. . . . .				
Enemata tray, preparing and cleaning . . . . .				
Evening care . . . . .				
Feeding helpless patient . . . . .				
Gavage tray, preparing and cleaning . . . . .				
Getting patient up in chair . . . . .				
chaperon to special department . . . . .				
Giving and removing bedpan . . . . .				
urinal . . . . .				
Hot-water bottle filling . . . . .				
Ice cap, filling and applying . . . . .				
Lavage tray, preparing and cleaning . . . . .				
Morning care . . . . .				
Noting and reporting intake and output . . . . .				
Pediculosis cap . . . . .				
Physical examination, preparing for . . . . .				
Setting up unsterile tray . . . . .				
Shampoo, bed patient . . . . .				
ambulatory . . . . .				
Temperature, pulse, and respiration . . . . .				
<b>Demonstration</b>				
Isolation technique . . . . .		No	No	No
Handling sterile goods and forceps . . . . .		No	No	No
Postmortem care . . . . .		No	No	No

Class dates: from \_\_\_\_\_ to \_\_\_\_\_  
Name of student \_\_\_\_\_

Suggested schedule when nurse instructor is largely responsible for all the supervision during Unit II and must stagger the introduction of the student to the wards. In this schedule there are never more than 12 in the hospital at one time, and never more than 4 in a new ward at one time. Those who have experience on a men's medical floor, should get their experience with women on a surgical floor, and vice versa.

	FIRST WEEK				SECOND WEEK				THIRD WEEK			
	Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.
8:00-1:00 Men's Ward	Mrs. 1 Mrs. 2 Mrs. 3 Mrs. 4	1 2 3 4	1 2 3 4	13 14 15 ..	13 14 15 ..	13 14 15 ..	.. .. .. ..	24 25 26 27	24 25 26 27	24 25 26 27	.. .. .. ..	20 21 22 23
8:00-1:00 Women's Ward	Mrs. Mrs. Mrs. Mrs.	5 6 7 8	5 6 7 8	5 6 7 8	.. .. .. ..	16 17 18 19	16 17 18 19	16 17 18 19	28 29 30 ..	24 25 26 27	.. .. .. ..	24 25 26 27
8:00-1:00 Children's Ward	Mrs. Mrs. Mrs. Mrs.	.. .. .. ..	9 10 11 12	9 10 11 12	9 10 11 12	.. .. .. ..	20 21 22 23	20 21 22 23	1 2 3 4	13 14 15 ..	13 14 15 ..	1 2 3 4
1:00-6:00 Men's Ward	Mrs. 16 Mrs. 17 Mrs. 18 Mrs. 19	16 17 18 19	16 17 18 19	28 29 30 ..	28 29 30 ..	28 29 30 ..	.. .. .. ..	9 10 11 12	9 10 11 12	5 6 7 8	.. .. .. ..	5 6 7 8
1:00-6:00 Women's Ward	Mrs. Mrs. Mrs. Mrs.	20 21 22 23	20 21 22 23	20 21 22 23	.. .. .. ..	1 2 3 4	1 2 3 4	13 14 15 ..	13 14 15 ..	9 10 11 12	.. .. .. ..	9 10 11 12
1:00-6:00 Children's Ward	Mrs. Mrs. Mrs. Mrs.	.. .. .. ..	24 25 26 27	24 25 26 27	24 25 26 27	.. .. .. ..	5 6 7 8	5 6 7 8	16 17 18 19	28 29 30 ..	28 29 30 ..	16 17 18 19



Alternative schedules when hospital is able to give a good deal of supervision and hospitals want more aides in A.M. than in P.M. Each aide gives 4 hours on 3 days; 3 hours in 1 day—total of 15 hours a week.

	Hours	Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.	Wed.	Thurs.	Fri.	Mon.	Tues.	Wed.	Thurs.	Fri.
Men's Ward	8 to 12	Mrs. 1 Mrs. 6	2 7	3 8	4 9	5 10	21 26	22 27	23 28	24 29	25 30	11 16	12 17	13 18	14 19	15 20
	9 to 1	Mrs. 5 Mrs. 10	1 6	2 7	3 8	4 9	25 30	21 26	22 27	23 28	24 29	15 20	11 16	12 17	13 18	14 19
	10 to 2	Mrs. 4 Mrs. 9	5 10	1 6	2 7	3 8	24 29	25 30	21 26	22 27	23 28	14 19	15 20	11 16	12 17	13 18
	2 to 5	Mrs. 8	9	10	1	2	23	24	25	21	22	13	14	15	11	12
	3 to 6	Mrs. 3	4	5	6	7	28	29	30	26	27	17	18	19	20	16
Women's Ward	8 to 12	Mrs. 11 Mrs. 16	12 17	13 18	14 19	15 20	1 6	2 7	3 8	4 9	5 10	21 26	22 27	23 28	24 29	25 30
	9 to 1	Mrs. 15 Mrs. 20	11 16	12 17	13 18	14 19	5 10	1 6	2 7	3 8	4 9	25 30	21 26	22 27	23 28	24 29
	10 to 2	Mrs. 14 Mrs. 19	15 20	11 16	12 17	13 18	4 9	5 10	1 6	2 7	3 8	24 29	25 30	21 26	22 27	23 28
	2 to 5	Mrs. 13	14	15	11	12	8	9	10	1	2	23	24	25	21	22
	3 to 6	Mrs. 17	18	19	20	16	3	4	5	6	7	28	29	30	26	27
Children's Ward	8 to 12	Mrs. 21 Mrs. 26	22 27	23 28	24 29	25 30	11 16	12 17	13 18	14 19	15 20	1 6	2 7	3 8	4 9	5 10
	9 to 1	Mrs. 25 Mrs. 30	21 26	22 27	23 28	24 29	15 20	11 16	12 17	13 18	14 19	5 10	1 6	2 7	3 8	4 9
	10 to 2	Mrs. 24 Mrs. 29	25 30	21 26	22 27	23 28	14 19	15 20	11 16	12 17	13 18	4 9	5 10	1 6	2 7	3 8
	2 to 5	Mrs. 23	24	25	21	22	13	14	15	11	12	8	9	10	1	2
	3 to 6	Mrs. 28	29	30	26	27	17	18	19	20	16	3	4	5	6	7

# SAMPLE ASSIGNMENT SHEET

## (Adapt for Local Use during Unit II)

To.....  
(Name of Aide)

You are scheduled for Unit II of the course at.....  
(Hospital)

.....for the next three weeks as follows:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total number of hours.....

(Where scheduled through a meal, time of one-half hour is deducted.)

Class hours will be held at.....  
(Place)

at the following times: .....

(Date)	(Hour)
.....	.....
(Date)	(Hour)
.....	.....
(Date)	(Hour)

The written examination will be held at.....  
(Place)

at.....  
(Hour)

At the time of the examination you may sign up for a conference with the nurse-instructor about your work and results of your examination.

## EVENING CLASSES FOR NURSE'S AIDES

Certain preliminary steps should be taken by the Volunteer Nurse's Aide Committee in planning for evening classes.

### I. Chapters Planning Evening Classes

These chapters should get from the applicants a schedule of their working hours. Women working more than a 45-hour week should be discouraged from attempting to take the course.

1. There should be very careful clearance with the hospital as to whether they can have these students for training. As will be seen by the suggested schedule given below, the hospitals would have a small group of aides during the evenings and on week-ends with the difficulty of different workers on successive nights. Many hospitals find these evening workers a great help but the hospital must realize that the hours of work given by any one aide will necessarily be limited.
2. Before any chapter undertakes to give an evening class or to recruit applicants for it, the committee must have a clear understanding with the instructor about the hours involved. It is practically impossible for an instructor to teach a concentrated day class and an evening class concurrently since this means very long hours and week-end work during Unit II. Very often chapters find it necessary to have a second instructor when evening classes are planned.

### II. Suggested Schedule for Evening Class

#### 1. *Unit I*

Three evenings a week from 7:00 to 9:00. Half the class would come at 6:00 to do extra practice and half would stay after class for extra practice with the nurse instructor. The first unit under this plan would take from 5½ to 6 weeks.

#### 2. *Unit II*

- a. Assume that there is a class of 30:

This class might be divided into three groups and assigned as follows:

Group 1, Monday—5:00 to 9:00 or 6:00 to 10:00

Group 2, Wednesday—same hours

Group 3, Friday—same hours

Group 1, Saturday—2:00 to 6:00

Group 2, Sunday—8:00 to 1:00

Group 3, Sunday—1:00 to 6:00

The next week the three groups might be rotated so that each group gets experience in morning procedures and on Sunday.

- b. In some places hospitals have provided supervision for Unit II, or nurses volunteer part time to help with the supervision. In this manner a group of aides can get practice in the hospital each evening.

*Nurse A* might be responsible for aides in the hospital Monday, Wednesday, and Friday evenings.

*Nurse B* might be able to take aides in the hospital on Tuesdays, Thursdays, and Saturdays.

*Nurse C* might supervise aides on Sundays.

- c. See schedule set up on following page

### III. Assigning the Aide after She Is Trained

The aides are, of course, assigned by the Volunteer Nurse's Aide Committee after they are trained. The hospital should be consulted as to when it needs these workers most. Traditionally, hospitals are short-staffed on Sundays and it may be that they can use a large number of aides on Sunday mornings. Some aides may be willing to give more than nine hours a week, but unless there is a more acute emergency these employed women should not be urged to do more than nine hours a week volunteer service after they are trained, whether this be on week-ends or evenings.



Schedule for Unit II of evening class—to be adapted for local use.  
Each aide works 2 Saturday P.M.'s, 2 Sunday A.M.'s, 1 Sunday P.M. (5 hours each assignment) or 25 hours on week ends and 5 evenings (4 hours each assignment) or 20 hours on week nights.

	Saturday 2-7	Sunday a.m. 8-1	Sunday p.m. 1-6	Monday 5-9 or 6-10	Tuesday 5-9 or 6-10	Wed'day 5-9 or 6-10	Thursday 5-9 or 6-10	Friday 5-9 or 6-10
<b>First Week</b>								
Men's Ward	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	..... ..... .....	Mrs. 19 Mrs. 20 Mrs. 21	..... ..... .....
Women's Ward	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	..... ..... .....	Mrs. 22 Mrs. 23 Mrs. 24	..... ..... .....
Children's Ward	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	..... ..... .....	Mrs. 25 Mrs. 26 Mrs. 27	..... ..... .....
<b>Second Week</b>								
Men's Ward	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	..... ..... .....	Mrs. 25 Mrs. 26 Mrs. 27	..... ..... .....
Women's Ward	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	..... ..... .....	Mrs. 19 Mrs. 20 Mrs. 21	..... ..... .....
Children's Ward	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	..... ..... .....	Mrs. 22 Mrs. 23 Mrs. 24	..... ..... .....
<b>Third Week</b>								
Men's Ward	Mrs. 16 Mrs. 17 Mrs. 18	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	..... ..... .....	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 25 Mrs. 26 Mrs. 27
Women's Ward	Mrs. 10 Mrs. 11 Mrs. 12	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	..... ..... .....	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 19 Mrs. 20 Mrs. 21
Children's Ward	Mrs. 13 Mrs. 14 Mrs. 15	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	..... ..... .....	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 22 Mrs. 23 Mrs. 24
<b>Fourth Week</b>								
Men's Ward	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 13 Mrs. 14 Mrs. 15
Women's Ward	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 16 Mrs. 17 Mrs. 18
Children's Ward	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 10 Mrs. 11 Mrs. 12
<b>Last Week End</b>								
Men's Ward	Mrs. 22 Mrs. 23 Mrs. 24	Mrs. 4 Mrs. 5 Mrs. 6	Mrs. 13 Mrs. 14 Mrs. 15	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
Women's Ward	Mrs. 25 Mrs. 26 Mrs. 27	Mrs. 7 Mrs. 8 Mrs. 9	Mrs. 16 Mrs. 17 Mrs. 18	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....
Children's Ward	Mrs. 19 Mrs. 20 Mrs. 21	Mrs. 1 Mrs. 2 Mrs. 3	Mrs. 10 Mrs. 11 Mrs. 12	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....	..... ..... .....

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- American Society for Control of Cancer, 350 Madison Avenue, New York City.
- Children's Bureau, U. S. Department of Labor, Washington, D. C.
- Child Study Association of America, 221 West 57th Street, New York City.
- United States Public Health Service, Federal Security Agency, Washington, D. C.
- John Hancock Life Insurance Company, Boston, Massachusetts.
- Maternity Center Association, 654 Madison Avenue, New York City.
- Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.
- National Child Welfare Association, 70 Fifth Avenue, New York City.
- National Committee on Mental Hygiene, 1790 Broadway, New York City.
- Nursing Information Bureau, 1790 Broadway, New York City.
- Public Affairs Committee, 30 Rockefeller Plaza, New York City.



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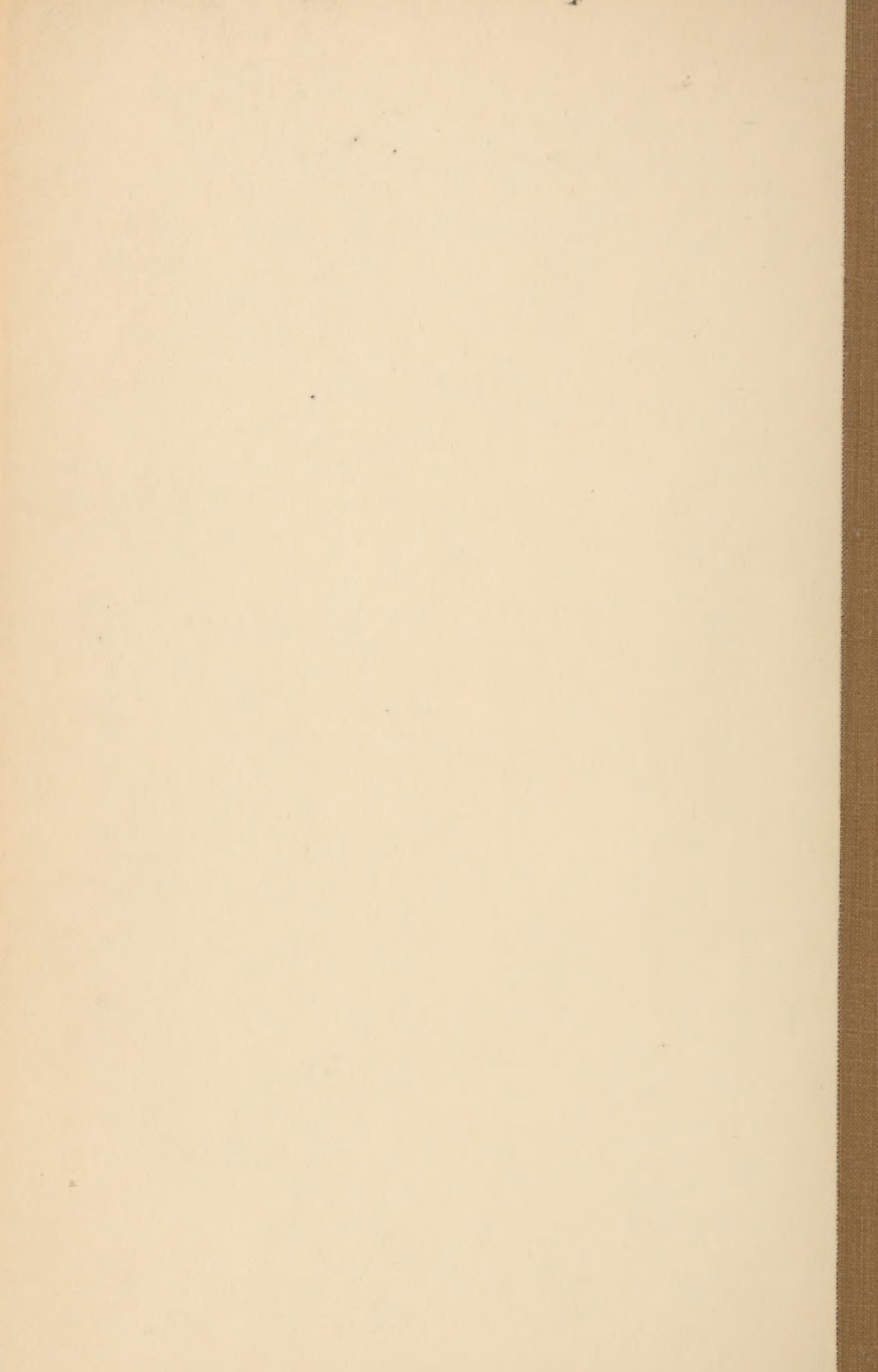
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